



THE CONNECTION NEWSLETTER

LINKING HEALTH AGENCIES AND COMMUNITY ORGANIZATIONS THAT WORK
WITH MINORITIES IN UTAH

December 2007 Issue # 18

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UNNATURAL CAUSES: DOES INEQUALITY MAKE US SICK?

Unnatural Causes, Does Inequality Make Us Sick? a seven-part series for PBS broadcast and DVD release, will, for the first time on television, sound the alarm about our glaring socio-economic and racial disparities in health--and seek out root causes. But those causes are not what we might expect. While we pour more and more money into drugs, dietary supplements and new medical technologies, it turns out there is much more to our health than bad habits, health care or unlucky genes. The social conditions in which we are born, live and work profoundly affect our well-being and longevity.

Conceived as part of an ambitious public education campaign conducted in partnership with leading public health, policy, and community-based organizations, *Unnatural Causes* will help foster a new and hopeful approach to the public's health. As Harvard epidemiologist David Williams points out, investing in our schools, improving housing, integrating neighborhoods, better jobs and wages, giving people more control over their work, these are as much health strategies as smoking diet and exercise. And these are the stories *Unnatural Causes* will tell.

The series is a medical detective story out to solve the mystery of what's stalking and killing us before our time, especially those of us who are less well off and darker skinned. The investigators — epidemiologists, neuro-biologists, doctors and health workers — keep peeling back the onion, broadening our inquiry beyond immediate, physical causes of death to the deeper, underlying causes that lurk in our neighborhoods, our jobs and even back in history. The perpetrators, of course, aren't individuals but rather social and institutional forces. And these are not impulsive crimes of passion. These are slow deaths—the result of a lifetime of grinding wear and tear, thwarted ambition, segregation and neglect.

But this is also a story of hope and possibility, of communities organizing to gain control over their destinies—and their health. The good news is that if our bad health results in part from policy decisions that we as a society have made, then we can make other decisions. As some already have.

The centerpiece of the series is an hour-long opening episode that sets up the overarching themes of the series: health and longevity are correlated with socioeconomic status, people of color face an additional burden and solutions lie not in more pills or better genes, but in better social policies. The main hour is supported by six additional half-hour stories set in different racial and ethnic communities. Each deepens our understanding of the root causes of disease, illuminates pathways by which social conditions affect physiology, and brings viewers face to face with innovative initiatives for health equity.

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UNNATURAL CAUSES, IS INEQUALITY MAKE US SICK? (CONT)

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SERIES STRUCTURE:

Program One: Sick of It? - 55 minutes

Why do some of us get sicker and die sooner? What are the connections between healthy bodies, healthy bank accounts and skin color? A travel to Louisville, Kentucky gives enough information to discover how social policy, growing economic inequality and racism affects our health.

Program Two: Place Matters - 26 minutes

Our street address can be a powerful predictor of our health. In Richmond, California the reporters witness how one neighborhood exposes its residents to health threats while in Seattle, Washington, another neighborhood is being created that promotes health. What public policies and community actions make the difference?

Program Three: Becoming American - 26 minutes

On average, poor immigrants of color actually arrive in the U.S. healthier than the average American. But the longer they are here, the less healthy they become. In this program, the reporters follow Mexican immigrants laboring on the mushroom farms of Pennsylvania to find out why they are healthier, what's grinding down their health over time (and even more so, that of their children), and what they are doing to reverse this trend.

Program Four: When the Bough Breaks - 26 minutes

African American pre-term births and infant mortality rates remain more than twice the national average. The babies of African American women with professional degrees face as much risk as being born early and low-birth weight than white high school drop-outs. Might the cumulative impact of racism over the life-course be the culprit?

Program Five: Bad Sugar - 26 minutes

Diabetes is a growing American epidemic and Native Americans were the first to suffer its profound effects. A travel to the O'odham Indian reservations of southern Arizona will show us how history and powerlessness can drive the disease, while Native efforts to regain control of their communities' economic destiny and re-connect to their culture offer hope for the future.

Program Six: Not Just a Paycheck - 26 minutes

Unemployment and job insecurity isn't just bad for your pocketbook – it's bad for your health. Must it be this way? Workers in Michigan and Sweden were both thrown out of work by the same corporate giant. One town struggles against depression, spousal abuse and an up tick in heart disease and diabetes while the other seems to be doing just fine.

Program Seven: No Man Is an Island - 26 minutes

Pacific Islanders, even native Hawaiians, have poor health outcomes. In the Marshall Islands and in the unlikely spot of Springdale, Arkansas you will see how U.S. occupation, foreign policy and globalization impact peoples' health--often in unanticipated ways.

The documentary series will be launched March 2008. The programs will be packaged as a series for the PBS broadcast, and available as separate modules on video and DVD.



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SAN FRANCISCO FOCUSES ON RACIAL, CULTURAL GROUPS IN PIONEERING HEALTH PLAN

San Francisco is the first city in the country to find the money and political will to attempt to provide universal health care for its residents, but leaders of the new plan say its success hinges on a notion rarely discussed in the health care debates raging at the state and national levels: cultural competency. Rather than treating patients using just raw data such as blood pressure levels and cholesterol counts, medical professionals also are taking into account patients' race, gender, age, sexual orientation, native language and other demographics in marketing the plan and providing the best medical care once they enroll.

In a city of distinct neighborhoods often populated by particular racial or ethnic groups, thousands of immigrants speaking more than 100 languages and a significant population of gays and lesbians, those behind the new plan, called Healthy San Francisco, believe it will succeed or fail largely on how well cultural competency is practiced.

The notion of cultural competency has long been a part of the city's public health department, its neighborhood clinics and San Francisco General Hospital. But as Healthy San Francisco aims to draw more people into the health care system as regular patients with a medical home - rather than just relying on emergency rooms in a crisis - the idea becomes all the more crucial, especially because so many of them are poor and come from other countries.

The 82,000 San Francisco residents who are uninsured are a diverse group: 32 percent are white, 32 percent Asian, 26 percent Latino, 3 percent African American and 2 percent Native American. Sixty-three percent are believed to have an income below 300 percent of federal poverty. Only 39 percent are thought to be U.S. citizens, while another 39 percent are undocumented immigrants and 22 percent are immigrants here legally. Healthy San Francisco does not take into account immigration status, pre-existing medical conditions or employment status in offering coverage. Any uninsured adult living in the city who doesn't qualify for Medicare or Medicaid is eligible. Children and youths up to age 24 are already covered under a separate city program called Healthy Kids and Young Adults.

Healthy San Francisco isn't considered insurance because it doesn't follow people outside city limits. It is estimated to cost \$200 million a year and is supposed to be paid for with public funds, participants' fees and employer contributions. The latter is being challenged in court.

Private, nonprofit clinics are given a flat rate for each Healthy San Francisco patient who chooses them as their medical home. Staff at the public health department's clinics are salaried, and seeing Healthy San Francisco participants is a part of their regular job. This is particularly important for poor people and immigrants who under the U.S. health care system are increasingly trying to avoid getting medical care in order to save money - and then winding up in the emergency room when they get very sick.

So far, close to 5,000 people have enrolled in the program, all of them earning less than 100 percent of the federal poverty level. Participants are seen at 14 clinics run by the health department and eight private, nonprofit clinics. In January, the program is scheduled to open its doors to every qualifying San Franciscan. Participants must pay a quarterly premium assessed on a sliding scale to be part of the program, as well as co-payments.

Source: Heather Knight, SF Chronicle Staff Writer

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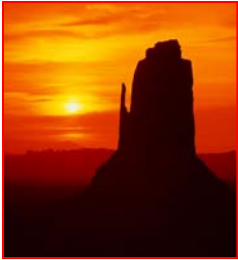
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UTAH NAMED 6TH HEALTHIEST STATE IN THE NATION

Utah's low smoking and drinking rates, healthy babies and low cancer death rates helped land the state in 6th place again in the United Health Foundation's (UHF) 18th annual Americas Health Rankings™ report.

Still, as Utahns get fatter and more go without health insurance, officials at the Utah Department of Health (UDOH) concede the state has plenty of work to do to stay on top.

"The UHF report is a pretty reliable tool to evaluate our efforts to keep Utahns healthy. It reinforces what we're doing right, and more importantly, shows where we need to improve."

said the Utah Department of Health (UDOH) Executive Director, Dr. David Sundwall.

The report shows a healthy increase over 2006 in the percentage of babies and toddlers who are fully immunized - pushing Utah up from 47th to 25th place in that category. Other improvements include a jump from 8th to 5th place in cardiovascular disease (heart disease and stroke) deaths, and a low cancer death rate that puts the state in 1st place in that category. At the same time, obesity rates rose slightly, as did the number of children living in poverty. The state ranks near the bottom (45th) in the number of primary care physicians per capita - a problem most urgent in rural Utah - and continues to see significant increases in the number of uninsured residents.

Despite this, Sundwall sees reason to believe in a healthier future. "There is a clear link between a state's economic health and the health of its citizens," said Sundwall. "We can all be proud of Governor Jon Huntsman's efforts to improve our economy and, to the extent we can reduce the numbers of children in poverty and get health coverage for more Utahns, we will see improvements in the health of the state as a whole."

The UHF report praises Utah for its efforts in combating infectious diseases, lowering the rates of AIDS, tuberculosis and hepatitis by 11 percent since 2006. And smoking rates plummeted by 15 percent as well, evidence of the success of UDOH anti-tobacco programs. "The state of Utah is a role model in the fight against tobacco," said William Roper, a UHF report contributor and Dean of the University of North Carolina School of Medicine. "If every state matched Utah's low smoking rates, the total number of American smokers would be cut nearly in half - from 45 million to 25 million," Roper added.

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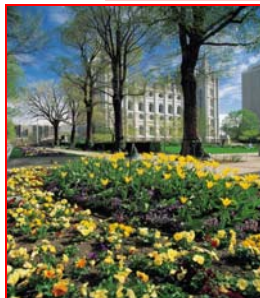
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UTAH NAMED 6TH HEALTHIEST STATE IN THE NATION (CONT)

The UHF report indicates Utah ranks in the top 10 in 10 of the 18 determinants, including;

- Smoking deaths: 1st (no change from 2006)
- Cancer deaths: 1st (no change)
- Infant mortality: 2nd (down from 1st)
- Preventable hospitalizations: 2nd (no change)
- Prevalence of binge drinking: 3rd (down from 1st)
- Cardiovascular deaths: 5th (up from 8th)
- Violent crime: 6th (no change)
- Prevalence of obesity: 8th (no change)
- High school graduation: 9th (up from 14th)
- Infectious disease: 10th (up from 11th)

There are many factors at work in Utah's consistent top 10 ranking over the 18 years of the UHF report. "The rankings document much of the valuable work done in public health," said Sundwall. "And we acknowledge the other significant factors that contribute to good health, including a culture that promotes healthy behaviors, and our nationally-recognized, high quality private health care systems. Furthermore, the State Legislature has been supportive of most of our programs, and last year appropriated a generous budget that gave us the resources we need to do our jobs."

For a full copy of the United Health Foundation-Americas Health Rankings™ Report, visit www.americashealthrankings.org or www.unitedhealthfoundation.org

Source: Utah Health News

For information about how racial and ethnic minorities in Utah are doing regarding different health issues, visit our report:

<http://www.health.utah.gov/cmh/data/UDOHdataMHNconferenceAug.10.2007.pdf>



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GRANT OPPORTUNITIES (I)

Title: Promoting Careers In Aging and Health Disparities Research

Issuing Agency: Department of Health and Human Services. National Institutes of Health

Key Dates

Release Date: November 27, 2007

Letters of Intent Receipt Date(s): Not applicable

Expiration Date: January 8, 2011

Additional Overview Content

- The focus of this FOA is limited to health disparities related to aging.
- For purposes of this funding opportunity, eligible individuals are applicants who have been determined by the grantee institution to be committed to a career in health disparities research related to aging and who are members of or knowledgeable about health disparity population groups. Nationally, health disparity population groups include but are not limited to African Americans, Hispanic Americans, American Indians/Alaska Natives, Native Hawaiians, Pacific Islanders, the medically underserved, low socioeconomic populations and rural populations.
- This FOA is related to the NIA Health Disparities Strategic Plan and will help to build capacity in aging and health disparity research.
- More Information: www.grants.nih.gov/grants/guide/pa-files/PA-08-033.html

Title: New Connections Initiative Applications From Senior Consultants and Junior Investigators

Agency: Robert Wood Johnson Foundation

Grants up to \$55,000 will be awarded to senior consultants and junior investigators from underrepresented communities to conduct research on health insurance, practices and resources, public health, quality/equality, and vulnerable populations.

Deadline: January 4, 2008

http://foundationcenter.org/pnd/rfp/rfp_item.jhtml?id=194900004

Title: Research Proposals on Disparities Issues

Agency: Robert Wood Johnson Foundation

Proposals will be considered for one-year projects requiring up to \$75,000 to reduce racial and ethnic disparities in the care of patients with cardiovascular disease, diabetes mellitus type 2, and/or depression.

Deadline: Rolling

http://foundationcenter.org/pnd/rfp/rfp_item.jhtml?id=144300036



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GRANT OPPORTUNITIES (II)

Title: **The Effect of Racial and Ethnic Discrimination/Bias on Healthcare Delivery**

Issuing Organization: National Cancer Institute (NCI)

- **Purpose.** The purposes of this Funding Opportunity Announcement (FOA) are: (1) to improve the measurement of racial/ethnic discrimination in healthcare delivery systems through improved instrumentation, data collection, and statistical/analytical techniques; (2) to enhance understanding of the influence of racial/ethnic discrimination in healthcare delivery and its association with disparities in disease incidence, treatment, and outcomes among disadvantaged racial/ethnic minority groups; and (3) to reduce the prevalence of racial/ethnic health disparities through the development of interventions to reduce the influence of racial/ethnic discrimination on healthcare delivery systems in the United States (U.S.).

- **Eligible Organizations:** Public/State Controlled Institutions of Higher Education; Private Institutions of Higher Education; Nonprofits With 501(c)(3) IRS Status (Other Than Institutions of Higher Education); Nonprofits Without 501(c)(3) IRS Status (Other Than Institutions of Higher Education); Small Businesses; For-profit Organization (Other Than Small Businesses); State Governments; U.S. Territories or Possessions; Indian/Native American Tribal Governments (Federally Recognized); Indian/Native American Tribal Governments (Other Than Federally Recognized); Indian/Native American Tribally Designated Organizations; Nondomestic (non-U.S.) Entities (Foreign Organization); Hispanic-serving Institutions; Historically Black Colleges and Universities (HBCUs); Tribally Controlled Colleges and Universities (TCCUs); Alaska Native and Native Hawaiian-Serving Institutions; Regional Organizations; and Other(s): Eligible agencies of the Federal government; Faith-based or community based organizations.

- **More information:** <http://grants.nih.gov/grants/guide/pa-files/PA-07-206.html#PartI>

United Healthcare children's foundation Offers Medical Assistance Grants

Grants of up to \$5,000 will be provided to parents and caretakers for services that will help improve the health and quality of life of children living in any United Healthcare region of the United States.

Deadline: Open

More information: http://foundationcenter.org/pnd/rfp/rfp_item.jhtml?id=169600033

For more grant opportunities visit the previous issues of *The Connection*

<http://www.health.utah.gov/cmh/news.html#newsletters>



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The Disparities Solutions Center is now taking applications for the second **Aetna/DSC HealthCare Disparities Fellowship**. This one-year fellowship designed to train new leaders in the areas of cultural competence, community oriented research, and elimination of racial and ethnic disparities in health care. Applications for the Fellowship are due March 14, 2008. The Fellowship will begin in Boston on June 30, 2008 and is for health care professionals at the post-doctoral level (PhD), post-residency level (MD/MPH), or graduate level (RN/MPH, NP).

The Aetna/DSC HealthCare Disparities Fellowship provides a stipend of \$50,000 for the year of fellowship in addition to the standard employee benefit package administered through Massachusetts General Hospital. A limited travel budget will be provided. Clinicians will be allowed one half-day per week for clinical practice should they desire (completely optional), but this must be coordinated by the fellow as the DSC is not responsible for arranging practice experiences or for covering any associated costs of clinical practice (licensure, malpractice insurance, etc.).

To read more about this fellowship <http://e2ma.net/go/817979244/710039/25409583/>

Internship Opportunity

Title: Health/Safety Assistant (s)

Company: AMERICAN RED CROSS - GREATER SALT LAKE AREA CHAPTER

Deadline: 2/2/08

Hours: Could be 6 to 20 hours a week, flexible.

Pay: NA

County: Salt Lake County

Contact: Kurt Jones 801) 323-7000, kjones@utahredcross.org

The Utah Pride Center is currently seeking a self-motivated, unpaid **volunteer Development Intern** to assist with a variety of development and fundraising functions, specifically with procuring and applying for grants. The intern generally works with significant autonomy, yet is directly answerable to the Executive Director and indirectly to the Board's development committee. The Center will provide the intern with professional non-profit development experience. This is a great opportunity for students (who may potentially receive college credit through your school's service learning or internship programs) or retired persons with previous grant writing experience

E-mail: apply@utahpridecenter.org

Barbara Jordan Scholars Program

The nine-week program will place African American, Latino, American Indian/Alaska Native, and Asian/Pacific Islander college seniors and recent graduates in congressional offices to observe health policy development firsthand.

Deadline: December 14, 2007

http://foundationcenter.org/pnd/rfp/rfp_item.jhtml?id=191400046



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Indian Walk-In Center

Office Assistant: The Office Assistant is responsible for receiving and directing all agency communications in an efficient and professional manner.

Contact: Anna Cutler, Executive Assistant (801) 486-4877 extension 11

TRI-COUNTY INDEPENDENT LIVING CENTER OF UTAH

The AmeriCorps ADA Outreach Coordinator is responsible for training, evaluating sights for ADA compliance, making material available to businesses about accessible and the ADA, creation of ADA facts sheet and a resource guide book. Bilingual (English/Spanish) abilities helpful.

E-mail: andy@tri-county-ilc.com

The Salt Lake Community Action Program/Head Start

Health Education coordinator: Responsible for the health related duties at Head Start as assigned. Responsible for the implementation of health screenings, as provided by health professionals, and in compliance with the Head Start Performance Standards; Responsible to assist in the development and the organization of yearly health activities; Responsible to maintain a working relationship with health care professionals in the community and to provide health education and health care services for Head Start children, families and staff.. Bilingual (English/Spanish) abilities helpful.

E-mail: staffing@slcap.org

Community Health Connect

Community Health Connect (PROVO) is seeking a part-time administrative assistant. The administrative assistant will provide support to the director and other staff, manage provider/patient database, manage CHC website, coordinate quarterly newsletter, assist clients with the application process, manage office supplies, and assist with other office and outreach duties as necessary.

E-mail: starr@communityhealthconnect.org

Rape Recovery Center

Position Title: Administrative Assistant

Position Status: Non-exempt Position

FTE: 30-32 hours week

Bilingual/bicultural (English/Spanish) preferred.

Experience working in Anti-Violence preferred.

Salary: Negotiable DOQ with benefits.

Mail: h.stringfellow@raperecoverycenter.org

Ecological Restoration Assistant- TreeUtah - AmeriCorps Position

This is an individual placement position through the Utah State University, Utah Conservation Corps (USUCC), AmeriCorps Program. USUCC will provide the selected individual with a monthly living allowance of approximately \$1,100 per month; child care support; health and dental insurance option; educational award of \$4,725 (must complete entire internship); and student loan deferment during service period. This position will encompass multiple large-scale ecological restoration activities including planting, irrigation, vegetation management, outreach, and site maintenance. Work hours are variable and somewhat flexible but will include frequent Saturdays and rare, but potential, evening and Sunday activities.

E-mail: madtreeplanter@treeutah.org

WE WOULD LIKE TO HEAR FROM YOU

Please submit feedback, suggestions, ideas, news, events or articles to: ddiez@utah.gov



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The Connection

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Dulce A. Díez

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ABOUT THE CMH

The Center for Multicultural Health (CMH) is the Utah office of minority health. It is part of the Utah Department of Health, Division of Community and Family Health Services.

Our mission is to promote accessible and high-quality programs and policies that help all racial and ethnic minorities in Utah achieve optimal health. We accomplish our mission by increasing public and health professional awareness of persistent race/ethnic disparities and by developing effective health policies and culturally competent programs that lead to better access and utilization of quality health care services in Utah.

www.health.utah.gov/cmh

EVENTS

2007 TOY DRIVE FOR: Hispanic Children and Families in Need

Last year the Rotary Club helped 3,000 Hispanic Children and their families with New toys and clothing. Some families also received gift certificates for groceries. All these children come from low-income families. Many of these families depended on this toy drive to provide the ONLY gifts for their children on Christmas.

This year will continue the tradition in these five events:

1. December 8th In Salt Lake, we'll help the Consulate of Mexico on their "Christmas Posada" (600 children). Sorenson Center
2. December 18th, at Wendover for Holy Cross Minister's children (350 children)
3. December 19th, at Genola (South of Utah Lake) for Centro de la Familia and Migrant Head Start children (200 children)
4. December 20th, at Providence for Centro de La Familia and Migrant Head Start children (225 children)
5. December 22nd, in Salt Lake our MAIN EVENT, at the Boys & Girls Club 7631 S. Chapel Street (425 West) in Midvale to 1,800 children.

THE FOLLOWING IS WHAT THEY NEED:

* NEW TOYS for Boys and Girls ages: Newborn to 13 years old

* Used or New clothing, ages: Newborn to 17 years old

Deliver Toys and Clothing at: 9355 South 1300 East or to arrange Donations or Deliveries call (801) 548-1473 or

Drdiazprevention@aol.com.

International Christmas Festival

Dec 03- Dec 26

Location: Layton

The International Christmas Festival will pay tribute to the rich and spirited history of our ancestors. Enlightening all of those who attend to experience Christmas through the eyes of many cultures. Irish, German, Asian, Polynesian, Native American, Scottish, Latin, African, Italian, Swedish and many more plus a GOOD OLD FASHION AMERICAN CHRISTMAS!!!!

Contact: Dee Price 801-690-0123

Island Christmas Bash

Dec 07

Location: West Valley city

A night of entertainment featuring Pacific Islander bands and artists. The concert will be promoting Health awareness, Education, and non-violence. Events leading up to the concert will include a Discussion panel at the University of Utah, bone Marrow-drive, and Seminars that will inform the community on resources that are available.

Phone: 480-388-4646

Contact: Vai Angilau

For more events visit our calendar

<http://my.calendars.net/multicultural>

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